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5,481,160

5,479,074

5, 471, 118

5, 446, 347

5,432,409

5, 416, 386

5,404,083

5,402,043

5,371,441

5, 214, 356

5, 189, 347

5,180,952

PTO/SB/123 (09-04)
Approved for use through 11/30/2005. OMB 0651-0035
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	Issue Date	1/19/1993	
	Application Number	931,086	
	Filing Date	2/7/1992	
	First Named Inventor	Ole K, Nilssen	
	Attorney Docket Number		

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